

CITY OF ALEXANDRIA

FARMERS MARKET

VENDORS LICENSE

VENDOR'S NAME: _____

STREET NAME: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ (HOME) _____ (OFFICE)

E-mail address _____

LIST OF PRODUCTS TO BE SOLD:

_____	_____
_____	_____
_____	_____
_____	_____

The above named licensee agrees to:

- ☐ observe, the rules and regulations of the Market.
- ☐ Make advanced payment of rent.
- ☐ Be responsible for the safety and purity of all products offered for sale.
- ☐ Make proper collections and payments of taxes and fees required by the State of Virginia and City of Alexandria.
- ☐ Comply with all applicable health codes and regulations.
- ☐ Cooperate with the Market Master.
- ☐ Not transfer or assign the license.

Market Master

Date

Licensee

Date